## HINGHAM RECREATION - KAHN YOUTH WRESTLING

## **REGISTRATION FORM**

One form per participant – Please print clearly – Include all requested information Please return completed registration forms to the Recreation Department at 210 Central Street Hingham

Participant Name:		Telephone:		
Weight:		Cell Telephone:	Cell Telephone:	
Home Address:		Email:		
Emergency Contact Name (1	NOT parent/guardian):			
Emergency Telephone: (NO	T home/work telephones):		_	
Medical Condition(s) / Aller	gies:			
		Date of Birth:		
Mother's Name:		Work/Cell Telephon	_ Work/Cell Telephone:	
		Work/Cell Telephon		
My child may be released to either parent: Yes [ ] No [ ] (If "NO" legal document must be on file in rec office)				
FOR OFFICE USE ONLY				
Date Received:		Check #: Reco	eived by:	
Consent, release from liability and indemnity agreement  I or I/We				
Participant Participant	Par	rent(s) / Guardian(s) of Participant if under	Date	